



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600**

**APPLICATION TO RENEW GARAGE LICENSE**

**ZIAD NABBOUT  
13 CAVENDISH CIRCLE  
SALEM, MA 01970**

License #: **741**  
City # **G242**  
Fee: **550.00**  
Account ID: **624**  
Reference #: **741**

#6985

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For <b>PEARL STREET AUTO</b> Business Location: <b>182 PEARL ST</b> Business Phone: <b>617-616-5789</b>	
License Holder: <b>CEDARS PETROLEUM INC. PEARL STREET AUTO 182 PEARL ST SOMERVILLE, MA 02145 617-616-5789</b>	
Mailing Address: <b>ZIAD NABBOUT SALEM, MA 01970</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - ZIAD NABBOUT SECRETARY - ZIAD NABBOUT</b>	
FID: <b>263887076</b>	
Food Manager/Emergency Contact: <b>TJ NABBOUT</b> <b>617-462-6190</b>	

2013 MAR 25 P 1.10  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

**OPEN TO THE PUBLIC**

- 1 MECHANICAL REPAIRS
- 2 VEHICLES INSIDE
- 4 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

**Originally Issued 7/13/2006. Customers' Vehicles Must Be Kept Away From The Abutter's Driveway. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.**

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Ziad Nabbout Date: 3/25/13  
 Print Name: ZIAD NABBOUT Phone: 617 462-6190

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Business**

**Applicant information:**

Name: Cedars petroleum inc D/B/A Pearl Street Auto  
 Address: 182 Pearl St  
 City: Somerville State: Ma Zip: 02145 Phone #: 6176665789

I am an employer with 3 employees (full and/or part time).  
 I am a sole proprietor or partnership and have no employees.  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  
 We are a nonprofit organization staffed by volunteers and have no employees.

- Business Type:**
- Retail
  - Restaurant/Bar/Eating Establishment
  - Office and/or Sales (real estate, auto, etc.)
  - Nonprofit
  - Entertainment
  - Manufacturing
  - Health Care
  - Other \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Utica National  
 Address: 180 Genesee St  
 City: N. Hanford State: NY Zip: 13413 Phone #: 315 734 2000  
 Policy #: 444 7694 Expiration Date: 8/27/13

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 3/16/13  
 Print Name: Ziad Nabbout

*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Cedar Petroleum Inc

Address of taxpayer/applicant's business in Somerville: 182 Pearl St, Somerville Ma

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617 616 5789 evening: 617 462 6190

I, (print name) ZAD Nabouet, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 16<sup>th</sup> day of March, 2013. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# 11737      # 105/12001      # 940      # \_\_\_\_\_

NOTES:  
CLERK'S INITIALS: [Signature]

RECEIVED PAYMENT  
CASH  
ORIGINAL STAMP  
MAR 5 2013  
COLLECTOR OF TAXES  
CITY OF SOMERVILLE  
BY [Signature]